

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/018608

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8		5				
9		5				
10		5				
11		5				
12		5				
13		5				
14		5				
15		5				
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22		5				
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44		5				
45		5				
46		5				
47		5				
48		5				
49		5				
50		5				
TOTAL	2					
TOTAL	14					
TOTAL	14					
TOTAL	14					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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